DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of Minority Health

FUNDING OPPORTUNITY TITLE: State Partnership Initiative to Address Health Disparities

ACTION: Notice

ANNOUNCEMENT TYPE: Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER: MH-STT-15-001

CFDA NUMBER: 93.296

CFDA PROGRAM: State Partnership Grant Program to Improve Minority Health

DATES: Applications are due May 24, 2015 by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread. All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests should be submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization;

the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number

(GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors"

notification from Grants.gov. Send the request with supporting documentation to

ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM)

registration will not be grounds for receiving an exemption to the electronic submission

requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section IV.4 Intergovernmental Review.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Applicants are strongly encouraged to register multiple authorized organization representatives.

Technical Assistance: A technical assistance webinar for potential applicants will be held on April 16, 2015, from 2:30 – 4:00 PM Eastern Time. Information on how to access the webinar will be posted on the Office of Minority Health's website, www.minorityhealth.hhs.gov.

EXECUTIVE SUMMARY: The United States Department of Health and Human Services (HHS or Department), Office of Minority Health (OMH), located within the Office of the Secretary, announces the availability of funds for Fiscal Year (FY) 2015 State Partnership Initiative To Address Health Disparities under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. §300 u-6). See Part III. Eligibility Information for who is eligible to apply for these funds. The purpose of the State Partnership Initiative to Address Health Disparities is to demonstrate that partnerships in which (a) state offices of minority health/health equity (or other similar state entity) and state health agencies, or (b) tribes and tribal health agencies/organizations, play a significant role can efficiently and effectively improve health outcomes in selected geographical hotspots (in communities) and address health disparities that affect minorities and disadvantaged populations. This solicitation will support state partnership initiatives to: (1) within three to six months following award, produce a Health Disparities Profile on one to three Healthy People 2020 leading health indicator (LHI) topics chosen by the applicant, for geographical hotspots (in the applicant's state or tribal community) selected by the applicant, using existing baseline measures; (2) within the project period, implement community intervention activities in the geographical hotspots selected by the applicant, using strategies to improve health outcomes and address health disparities for the applicant's chosen one to three LHI topics (using baseline data from the Health Disparities Profile); and (3) by the fifth year of the grant, publish the results of the implementation project and/or produce scholarly articles or

brief reports which (a) compare the results of the baseline data/measures to the outcomes/impact measures, and (b) address improvements in health outcomes and health disparities, for the selected one to three LHI topics. OMH expects successful applicants will be able to demonstrate improvements in health outcomes in the applicant's selected geographical hotspots by addressing health disparities that affect minorities. OMH expects successful applicants will use existing state or tribal health agency data to develop a baseline measure for each of the one to three leading health indicator topics identified in the proposal; implement evidence-based and/or promising practices to improve health outcomes and address health disparities within the project period; and present/publish the program findings.

I.   FUNDING OPPORTUNITY DESCRIPTION

The OMH mission is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Racial and ethnic minorities continue to lag behind other populations in many health outcomes. They are less likely to obtain preventive services, less likely to have access to quality health care, and more likely to suffer from serious illnesses. Health disparities among racial and ethnic minorities may be found in geographical hotspots, i.e. a geographical area or location with evidence of high prevalence of a disease or behaviors that put people at risk for acquiring that disease. Health disparities among racial and ethnic minorities are often linked to social, economic or environmental disadvantages, such as: lack of access to health care services; concentrated poverty; lack of access to quality education, economic and job opportunities; exposure to crime and violence; unsafe housing; and lack of access to healthy, affordable foods and affordable transportation options. These conditions are known as the social determinants of

health. OMH programs, policies and practices address such factors, with the goal of affording everyone an opportunity to live a long, healthy and productive life, and to improve the overall quality of life for the nation as a whole. A core function of OMH is to establish and strengthen partnerships, networks, and coalitions. Strategic partnerships leverage individual and collective resources to increase resource effectiveness and efficiencies and produce mutually beneficial outcomes across multiple levels and multiple sectors. Such partnerships enable OMH to promote equity in policies and programs, to address social determinants of health and well-being, and to focus on systems-level interventions that address resources, infrastructure, leadership commitment and sustainability, coordination and collaboration, user-centered design (including integration of culturally and linguistically appropriate services), promotion of a diverse workforce, and collection and application of racial and ethnic data and scientific knowledge.

The purpose of the State Partnership Initiative to Address Health Disparities is to demonstrate that partnerships in which (a) state offices of minority health/ health equity (or other state entity with a similar function) and state health agencies, or (b) tribes and tribal health agencies/organizations, play a significant role can efficiently and effectively improve health outcomes in geographical hotspots (in communities) and address health disparities that affect minorities and disadvantaged populations, and that this can be shown during the period of the grant. Applicants are welcome to partner with additional agencies if they so choose. This notice solicits applications for a State Partnership Initiative to Address Health Disparities that will meet the following requirements: (1) within three to six months following the award, produce a Health Disparities Profile on one to three Healthy People 2020 Leading Health Indicator (LHI) topics chosen by the applicant, for geographical hotspots (in the applicant's state or tribal community)

selected by the applicant, using existing baseline measures; (2) within the project period, implement activities in the geographical hotspots chosen by the applicant, using evidence-based and/or promising practices designed to improve health outcomes and address health disparities for the one to three LHI topics selected by the applicant (using baseline data/measures from the Health Disparities Profile that will be tracked and reported on during the project period); and (3) by the fifth year of the grant, publish the results of the implementation project and/or produce scholarly articles comparing the Health Disparities Profile for the selected LHI topics baseline data to the outcomes/impact measures' selected LHI topics.

OMH expects successful applicants will be able to demonstrate improvements in health outcomes in the applicant's selected geographical hotspots, during the grant period, by addressing health disparities that affect minorities. OMH expects successful applicants will use existing state or tribal health agency data to develop a baseline measure for each of the one to three LHI topics identified in the proposal; implement evidence-based and/or promising practices to improve health outcomes and address health disparities within the project period; and present/publish the program findings. The baseline measure(s) must correspond only to the one to three LHI topics selected in the application, and not to any additional LHI topics.. The grantee will provide a baseline measure(s) for the LHI topics selected in the application in the form of a Health Disparities Profile that is user-friendly (e.g., using charts and graphs), by the sixth month from the award date. The grantee is expected to implement its plan to improve health outcomes and address health disparities in the identified LHI topics in geographical hotspots in communities (not at the state/regional level) selected by the applicant that are within the

applicant's state or tribal community, over a five year period of time. And, in the last year of the grant, the grantees are expected to publicize their findings in articles, presentations, media, etc.

This funding opportunity in the amount of approximately $3,000,000 will fund approximately 15 to 17 eligible grant applications from states or tribes, and will award applications ranging from $175,000 to $200,000 per year for up to five years. A state's grant application should include partnerships with significant roles for the state office of minority health/health equity (or other state entity with a similar function) and the state health agency. A tribe's grant application should include partnerships with significant roles for the tribal health agencies/organizations and the tribe. The applicant may also include additional partners, such as local governmental offices, community-based organizations or non-profit organizations. Different state/tribal-level agencies may submit separate grant applications meeting the requirements stated above, although geographical distribution of projects across the country will be considered in making the awards.

Organizational Capabilities

The applicant must provide evidence that its organization has the capability to implement each of the project requirements: (1) develop a Health Disparities Profile covering one to three LHI topics; (2) implement a project in a community(ies) with a real possibility of improving health outcomes for the identified health disparities within the project period; and (3) publish materials and articles on the findings and outcome of the identified health disparities, particularly indicating the relation of the baseline measure from the Health Disparities Profile to the outcomes following the implementation of the project; including information about similar work performed by the applicant.

LHIs

Each applicant should select one to three of the 12 Healthy People 2020 LHI topics in its competitive application. See http://www.healthypeople.gov/2020/Leading-Health-Indicators for additional information on the 12 LHI topics.

Health Disparities Profile

Successful applicants are expected to:

- Develop a user-friendly Health Disparities Profile that depicts one to three LHI topics focusing on gaps that indicate health disparities among racial and ethnic minority populations.

- Provide existing data that conforms to the standards established by the state or tribal health agency to update the Health Disparities Profile. The state or tribal health disparities report or similar publication shall (a) include the interpretation of surveillance data, (b) address vital statistics needs and epidemiologic analysis, and (c) may be used to investigate disease outbreaks, conduct data analysis, and explore disease control and prevention strategies and programs.

- Establish a baseline measure for each of the one to three LHI topics the applicant has chosen, for each of the geographical hotspots (i.e., areas within a county where there are one or more hotspots of adverse health outcomes to focus implementation efforts).

- Propose expected outcomes and results that will compared to baseline measures.

Implementation Plan

Successful applicants are expected to:

- Develop and carry out an implementation plan(s) including evidence-based and/or promising practices which the applicant will use in the community(ies) selected by the applicant. The implementation plan must be designed to improve health outcomes and address health disparities in the applicant's one to three selected LHI topics, (using baseline data/measures from the Health Disparities Profile) that will be tracked and reported on during the project period.

- Document and describe the type of planned community intervention(s) focusing on gaps in health (e.g., using surveillance, screening, testing, and outreach, linkage to services and follow-up, and education of clients/family/gatekeepers/community).

- Describe what internal and external partners will do to contribute to the project to improve health outcomes. If sub-grantees will be used to implement activities, the proposal must describe what specific activities they will perform to implement the project, and the oversight provided by the applicant; and

- Provide/collect existing data that conform to the standards established by the state or tribal health agency to update the Health Disparities Profile, as needed.

Publish Results/Articles

By the fifth year of the project, successful applicants are expected to:

- Publish results or articles that provide objective data demonstrating a change - through a comparative analysis from the established baseline - in health disparities (e.g., rate of emergency room visits, screenings for Hepatitis B and C among minorities 65 and older, vaccine uptake, weight reduction, links to primary care medical homes, and sentinel surveillance projects for racial and ethnic minority populations); and

- Conduct presentations, and publish results and/or scholarly articles about the project.

OMH Expectations

OMH expects the proposed State Partnership Initiative to Address Health Disparities will result in:

- Increased awareness of health disparities;

- Increased knowledge of health status, LHIs and geographical areas of the most affected minority and vulnerable populations;

- Improved coordination, collaboration and linkages among state/tribal partners and/or local partners to address health disparities;

- Increased preventive health screenings, disease intervention and management and linkages to care;

- Increased access to public health and/or social services;

- Improved health outcomes for program participants; and/or

- Reduction in rates of disease and/or contributing factors.

 AUTHORITY: Section 1707 of the Public Health Service Act (42 U.S.C. §300u-6).

I. AWARD INFORMATION

The Office of Minority Health intends to make available approximately $3,000,000 for competitive grants. Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to 5 years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally

level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: Approximately $3,000,000

Anticipated Number of Awards: 15-17

Range of Awards: $175,000 to $200,000 per budget period

Anticipated Start Date: 08/01/2015

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Competitive Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY, unless an exemption is granted**

III. ELIGIBILITY INFORMATION

1.   Eligible Applicants

Eligible applicants that may apply for this funding opportunity are listed below:

- Any State, which includes the District of Columbia, any commonwealth possession, or other territory of the United States. If the applicant is a State, the application must include the state office of minority health/health equity (or other state entity with a similar function) and the state health agency as partners, each of whom has a significant role in the project.

- Any Federally-recognized or State-recognized American Indian/Alaskan Native tribal government or consortium or council. If the applicant is a tribe, the application must

include a tribal government, consortium or council and an affiliated health agency/office as partners, each of whom has a significant role in the project.

The authorized representative from the State or tribe shall apply for and administer the grant awarded under this announcement.

Eligible applicants may include additional partners in their application, such as local governmental offices, community based organizations or non-profit organizations.

A signed letter from the authorized representative must accompany the application; it should include documentation establishing the authorized representative's authority to apply for and administer the grant funds on behalf of the State or tribe.

Documentation that verifies official status as an established state office of minority health/ health equity (or other similar entity) must be submitted. Examples of such documentation include: a signed statement from a state/territorial level authorizing official (e.g., Governor or designated official, Commissioner of Health, or designee) verifying official status; or including a copy of the Executive Order or statute that established the state office of minority health/health equity (or other similar entity), where applicable.

Eligible tribes' status as a Federally-recognized tribe will be verified through the list published by the Bureau of Indian Affairs, which may be found at

http://www.bia.gov/cs/groups/webteam/documents/document/idc1-029026.pdf. Eligible tribes

whose status is a State-recognized tribe must include a letter of recognition from their State.

2. Cost Sharing or Matching

None.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following

responsiveness criteria. Those that do not will be administratively eliminated from the

competition and will not be reviewed.

The applicant has identified one to three LHI topics and geographical hotspots in which

to address these selected LHI topics as described in the Project Abstract.

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field

for all applicants. If duplicate applications from the same organization for the same project are

successfully submitted, only the last application received by the deadline will be reviewed.

Applications that fail to meet the screening criteria described below will **not** be reviewed and

will receive **no** further consideration.

1.   Applications must be submitted electronically via www.grants.gov (unless an exemption

was granted 2 business days prior to the deadline) by May 24, 2015.

2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.

3. The Project Narrative must not exceed 60 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.

4. The total application including Appendices must not exceed 85 pages.

   NOTE: all required forms noted above do not count toward total page limit.

5. Proposed budget does not exceed maximum indicated in Range of Awards.

6. The application has met the **Application Responsiveness Criteria** outlined above.

IV. APPLICATION AND SUBMISSION INFORMATION

1. <u>Information to Request Application Package</u>

Application packages may be obtained electronically by accessing Grants.gov at http://www.grants.gov/. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email ASH@LCGnet.com.

2. <u>Content and Form of Application Submission</u>

<u>Application Format</u>

Applications must be prepared using forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria.

Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative,

including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

Applicants must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH*)* **requires all applications be submitted electronically via the Grants.gov portal unless a written exemption has been granted.** Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at http://www.grants.gov. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible. Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. **Important Grants.gov Information**

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-grants.html . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov.

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Instructions are available on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.

- All applicants must register in the System for Account Management (SAM). You should allow a *minimum* of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (https://www.sam.gov.)

- You must renew your SAM registration each year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration in SAM.

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should ***check for active registration well before the application deadline.***

- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

- May determine that the applicant is not qualified to receive an award; and

- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time the recipient makes a sub-award.

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise

description of your project. HHS/OASH requires that your project narrative include the following components:

The narrative description of the project must contain the following, in the order presented:

Project Summary. Describe key aspects of the Background and Experience, Objectives, Program Plan, and Evaluation Plan. The Project Summary is limited to 3 pages.

Background and Experience. Identify and define the problem and factors contributing or causing the problem(s) that will be addressed by the proposed project and activities. Describe and document (with data) demographic information on the minority health and health disparities issues in the state, tribe, or territory, with emphasis on the geographical hotspots that will be the focus of the project, and the significance or prevalence of the health problem(s) or issue(s) affecting the target minority group(s) located in the geographical hotspots. Describe the minority group(s), where applicable, targeted by the project (e.g., race/ethnicity, age, gender, educational level/income). Describe the applicant agency/tribe or office, where it is located organizationally and geographically, when it was formally established, and past/current efforts that are being undertaken by the agency/tribe or office to address minority health and health disparities. Discuss the applicant's experience in managing projects/activities, especially those targeting the population to be served. Provide outcomes of current and previously funded OMH projects, if applicable.

Organizational Capabilities. Provide a statement(s) of competencies to implement the project requirements, as well as the applicant's and its partners' connection to the community(ies) to be served. Each applicant must provide evidence of its ability to lead community interventions to address health disparities. An applicant's evidence of ability may include: documentation of past efforts leading community intervention activities to address health disparities; state/tribal-level reports of improved health indicators by either population, age, socioeconomic status and/or geographic region; state/tribal-level data review to identify health disparities and county/local hot-spots; and published articles and/or other public reports or documents specific to state/tribal-level health disparities data and/or improvement in health status.

An applicant should include areas of expertise, key personnel and credentials of proposed staff, technical experience, unique capabilities, , history of performing and implementing similar projects, why the applicant is positioned to respond to the project requirements, why the applicant is best suited to implement and complete the project, what partner resources will be leveraged to support the project, contribution to prior health disparities profiles issued by the state or tribal health agency, and background on the applicant and its partners. Applicants should provide evidence of organizational competencies in the appendices.

Goals and Objectives. Describe the project's goal(s) and major objective(s). The objectives must be stated in measurable terms, including baseline data, improvement targets, and time frames for initiation and completion. The application must identify

outcomes/impacts, and performance measures for the proposed activities, and the outcomes/impacts should be tied to long-term objectives and goals. All objectives should be provided in a SMART format (specific, measurable, accurate, realistic, and timely). Baseline data and time frames for achievement should also be provided.

Program Plan. Clearly describe:

(a) The implementation plan(s), including evidence-based and/or promising practices, which the applicant intends to use in the communities selected by the applicant. The implementation plan(s) must be designed to improve health outcomes and address health disparities in the applicant's one to three selected LHI topics, within the project period.

(b) The baseline data/measures from the Health Disparities Profile that will be tracked and reported on during the project period, and how they will be used to evaluate the effectiveness of the project.

(c) The type of community intervention(s) (e.g., surveillance, screening, testing, outreach, linkage to services, follow-up, and education of clients, family, gatekeepers and community) planned by the applicant that focus on gaps in health outcomes.

(d) The applicant's plan for accomplishing the project, including: developing the Health Disparities Profile; developing and carrying out the implementation plan; and publishing materials and articles about the outcomes of the project.

(e) The practices and interventions planned to achieve each objective, if applicable.

(f) Successful, promising, and/or evidence-based strategies and practices to be used in proposed project activities in relation to the problem and factor(s) to be addressed.

(g) Each activity to be conducted, including how, when, where, by whom, and for whom it will be conducted.

(h) The role of any proposed sub-grantees or other partner organization(s) in the project.

(i) The proposed program staff, including job descriptions for key staff, qualifications and responsibilities of each staff member, and percent of time each will commit to the project.

(j) The duties for any proposed consultants and/or collaborating entities or partner organizations.

(k) The plan to present and publish the results of the implementation project and/or produce scholarly articles comparing the Health Disparities Profile baseline data to the outcomes/impact measures for the selected LHIs in the selected geographical hotspots. It is expected that the applicants will be able to demonstrate that improvements in health outcomes in geographical hotspots (in communities) can be shown during the period of the grant by addressing health disparities that affect minorities.

(l) Any products to be developed by the project.

(m) A time line for each of the budget periods.

(n) A project chart indicating reporting channels.

(o) The plan to ensure that practices, interventions, and proposed products developed by the project adhere to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). See www.thinkculturalhealth.hhs.gov.

Evaluation Plan. The evaluation plan must clearly articulate how the applicant will evaluate program activities. The successful applicant is expected to implement the evaluation plan at the beginning of the project in order to capture and document actions contributing to relevant project impact and outcomes. The evaluation plan must include a completed logic model diagram and describe, for all funded activities:

(a) specific problem(s) and factors causing or contributing to the problem(s) that will be addressed;

(b) intended results (i.e., impacts and outcomes);

(c) how impacts and outcomes will be measured (i.e., what indicators or measures will be used to monitor and measure progress toward achieving project results);

(d) methods for collecting and analyzing data on measures;

(e) evaluation methods that will be used to assess baseline measures compared with anticipated outcomes and impacts;

(f) potential challenges to implementation of evaluation plan and data collection with proposed approaches to mitigate challenges;

(g) evaluation expertise that will be available for this purpose; and

(h) how results are expected to contribute to the objectives of the program as a whole.

Evaluation plans should be guided by the impacts and outcomes outlined in the *Strategic Framework for OMH: Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities* (OMH Strategic Framework) and logic model http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=20. OMH suggests applicants refer to Evaluation Planning Guidelines for Grant Applicants (June 2010)

when developing the evaluation plan for the proposal. This document is provided as part

of the application kit. A sample logic model template and worksheet, and an example of a

completed logic model, can be found in appendices 6, 7 and 8 of that document.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget

Narrative for each year of the potential grant. Unless specified, you should develop your multi-

year budgets based on level funding for each budget period. A level-funded budget is equal to

the exact dollar figure of the year one budget. *Please Note:* Because the proposal must

demonstrate a clear and strong relationship between the stated objectives, project activities, and

the budget, the budget justification should describe the *cost estimated per proposed project,*

activity, or product. This budget justification should define the amount of work that is planned

and expected to be performed and what it will cost. The Budget Narrative does not count toward

your total application page limit.

Appendices

All items described in this section will count toward the total page limit of your application.

> **Work Plan.** The Project Work Plan should reflect, and be consistent with, the Project
>
> Narrative and Budget, and must cover all five (5) years of the project period. However,
>
> each year's activities should be fully attainable in one budget year. Multi-year activities
>
> may be proposed, as well as activities that build upon each other, but each phase of the
>
> project must be discreet and attainable within a single budget year. The Work Plan

should include a statement of the project's overall goal, anticipated outcome(s), key

objectives, and the major tasks, action steps, or products that will be pursued or

developed to achieve the goal and outcome(s). For each major task of each year, action

step, or product, the work plan should identify the timeframes involved (including start-

and end-dates), and the lead person responsible for completing the task.

Letters of Commitment from Subrecipient Organizations and Agencies

Letters of Commitment (LOC) are required for all organizations and entities that have

been specifically named as a subrecipient or partner to carry out any aspect of the project.

The signed letters of commitment *must detail* the specific roles and resources that the

state office of minority health/health equity (or other state entity with a similar function)

and the state health agency will provide, or activities that will be undertaken, in support

of the applicant. If the applicant is a tribe or tribal health agency, the LOC must specify

the role of the applicant, the tribal health agency, and any other partner agency or entity.

The organization's expertise, experience, and access to the targeted population(s) should

also be described in the Letter of Commitment.

Letters of Commitment are not the same as letters of support. Letters of support are

letters that are general in nature that speak to the writer's belief in the capability of an

applicant to accomplish a goal/task. Letters of support also may indicate an intent or

interest to work together in the future, but they lack specificity. Applicants should NOT

provide letters of "support," and letters of support such as this will not be considered

during the review.

Organizational Documents/Items. The following organizational documents and items are required:

- Applicant's organizational chart;

- State or tribal level partners' organizational charts;

- An organizational chart for the applicant and subrecipients or partners including specifying where the applicant's and subrecipients' or partners' offices is located;

- Key/significant staff resumes, CVs, staff bio sketches.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is

5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement. Applications must be submitted by this date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

4. Intergovernmental Review

Applications under this announcement are subject to the requirements of

Executive Order 12372, ''Intergovernmental Review of Federal Programs,'' as implemented by 45 CFR part 100, ''Intergovernmental Review of Department of Health and Human Services Programs and Activities.'' As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

5. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 79 Federal Register 75871 (December 19, 2014).

Indirect costs may be included per 45 CFR 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State. A list of DCA Regional Offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $183,300. This amount reflects an individual's base salary <u>exclusive</u> of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $183,300, their direct salary would be $91,650 (50% FTE), fringe benefits of 25% would be $22,912.50, and a total of $114,562.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary *adjusted* to Executive Level II: $183,300	

50% of time will be devoted to the project	
Direct salary	**$91,650**
Fringe (25% of salary)	**$22,912.50**
Total amount	**$114,562.50**

Appropriate salary limits will apply as required by law.

6. Other Submission Requirements

- A signed letter from the applicant's authorized representative including documentation establishing the authorized representative's authority to apply for and administer the grant funds on behalf of the State or tribe. (See section III.1. above).

- Documentation that verifies official status as an established state office of minority health/ health equity (or other similar entity) must be submitted. Examples of such documentation include: a signed statement from a state/territorial level authorizing official (e.g., Governor or designated official, Commissioner of Health, or designee) verifying official status; or including a copy of the Executive Order or statute that established the state office of minority health/health equity (or other similar entity), where applicable.

- Eligible tribes whose status is a State-recognized tribe must include a letter of recognition from their State.

V. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

   Factor 1: Organizational Capabilities (25%)

- The statement of capability clearly supports the applicant's experience developing health disparities profiles using methodologies established for the state or tribal health agency, or contribution to prior health disparities profiles issued by the state or tribal health agency, or the applicant's publication of similar health disparities reports or other public documents regarding health disparities issued by the state or tribal health agency.

- The applicant's experience working with the community(ies) to implement project activities intended to improve health outcomes and address health disparities.

- The applicant describes its area of expertise, key personnel and credentials of key staff, relevant technical experience, unique capabilities, and history of performing and implementing similar projects, which support its capability to carry out the project.

- The history of performing and implementing similar projects, the applicant's subrecipients or partners who will be leveraged to support any of the program requirements.

- Experience developing publications and articles on the topic of health disparities and/or LHIs, using data to support findings or results.

Factor 2: Background and Experience with the Service Populations and Health Disparities (10%)

- Demonstrated experience addressing health problems for the targeted populations at the state, tribal, and/or local levels, as applicable. Extent to which applicant demonstrates access to the target population/community, and whether it is well positioned and accepted within the population/community to be served.

- Extent and documented outcome of past efforts and activities with the target population, as applicable.

- Demonstrated knowledge of the barriers, challenges, and preferences of the target population, and the capacity to deliver outreach and education in languages spoken by the service population.

Factor 3: Goals and Objectives (10%)

- The extent to which project goal(s) and objective(s) are aligned to "OMH Expectations" (see section entitled "OMH Expectations" which immediately precedes Section II, "Award Information").

- The merit of the goal(s) and objective(s).

- The extent to which the objectives are SMART.

- Attainability of the goal(s) and objective(s) in the stated time frames.

Factor 4: Program Plan (25%)

- Appropriateness and merit of proposed approach and specific activities related to proposed project and the establishment of a baseline measure and projected measure of achievement to improve health outcomes and address health disparities for the one to three identified health disparities or LHI topics.

- Significance and prevalence of the one to three LHI or health disparities issues(s) identified in the geographical hotspots affecting county/local areas/tribes/territory.

- The appropriateness of the geographical hotspots chosen by the applicant for the LHI topics selected and whether the number of hotspots chosen is feasible for the scope of the project.

- Logic and sequencing of the planned approaches to implement the project consistent with the statement of needs, objectives and program evaluation.

- Soundness of any proposed partnerships/collaborations.

- Degree to which the proposed approach and activities are likely to achieve the expected results.

- Degree to which the proposed approach includes culturally and linguistically appropriate strategies targeting racial/ethnic minority and other underserved populations (Resource: National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, www.thinkculturalhealth.hhs.gov).

- Applicant's capability to manage and evaluate the project as determined by:
  o Qualifications and appropriateness of proposed staff or requirements for staff to be hired and consultants.
  o Experience of partnering organizations providing services to targeted populations within their respective communities.
  o Proposed level of effort for each staff member relative to the implementation of the project.
  o Appropriateness of defined roles including staff reporting channels and that of any proposed partners or consultants relative to the implementation of the project.
  o Clear lines of authority among the proposed staff within and between the partnering organizations.

Factor 5: Evaluation Plan (25%)

- The degree to which intended results are appropriate for the objectives of the State Partnership Initiative to Address Health Disparities overall.

- Potential for the proposed project to impact the health status of the target population(s).

- Appropriateness of the plan to determine and document the effectiveness of the implemented outreach and education approaches.

- Appropriateness of the plan to for progress reporting, which may include the following suggested metrics:

  o Development of the Health Disparities Profile to be completed within six months of award.

  o Number and nature of education/outreach activities conducted (e.g., print/broadcast/social media campaigns, outreach events).

  o Number of individuals attending educational/outreach activities and events.

  o Number of individuals receiving screenings and referrals/linkages to support and treatment services.

  o Audience reached for print/broadcast/social media campaigns.

  o Number of formal partnerships established to implement project activities.

  o Comparison of baseline data on the one to three targeted leading health indicator topics and the interventions in order to show changes in the health disparity(ies) and/or leading health indicator(s) by the end of the fourth year of the grant.

  o Presentations and publication of articles, data and other related materials that document project outcomes by the fifth year of the grant.

- Appropriateness of the plan to submit quarterly progress reports.

- Appropriateness of the plan to disseminate project results by the fifth year of the project period.

Factor 6: Budget (5%)

- Appropriateness and relevance of requested costs over the budget period specified in this Funding Opportunity Announcement.

2. <u>Review and Selection Process</u>

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the by the Deputy Assistant Secretary for Minority Health, Office of Minority Health. In making these decisions, the following additional criteria will be taken into consideration:

a. Geographic distribution of projects across the U.S.; and

b. Representation of the 12 Healthy People 2020 LHI topics among projects.

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant's financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

Unsuccessful applicants will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. <u>Administrative and National Policy Requirements</u>

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan.

<u>Smoke- and Tobacco-free Workplace</u>

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

<u>Acknowledgement of Funding</u>

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR §

74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on *Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications* available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: "In any grant-related activity in which family, marital, or household

considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Programmatic Reporting

Progress Reports are to be submitted quarterly. Progress reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Note: Successful applicants may also be required to report project-related data in the Office of Minority Health's Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16). PDS is a web-based management information system developed by the Office of

Minority Health to enable collection of standardized performance data from OMH grant.

recipients.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements. Grantees receiving $500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well advance of the application due date.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Deborah Speight, Grants Management Specialist

1101 Wootton Parkway, Suite 550

Rockville, MD 20852

Phone: 240-453-8822

Email: Deborah.speight@hhs.gov

For information on program requirements, contact the program office

Jacquelyn Williams, Project Officer

1101 Wootton Parkway, Suite 600

Rockville, MD 20852

Phone: 240-453-8444

Email: jacquelyn.williams@hhs.gov

VIII. OTHER INFORMATION

Application Elements

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Budget Narrative

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Appendices

Other Submission Requirements: A signed letter from the applicant's authorized

representative including documentation establishing the authorized representative's authority

to apply for and administer the grant funds on behalf of the State or tribe. (See section III.1.

above). Eligible tribes whose status is a State-recognized tribe must include a letter of

recognition from their State.

_____ March 19, 2015

J. Nadine Gracia, MD, MSCE

Deputy Assistant Secretary for Minority Health

Office of Minority Health

Department of Health and Human Services